

Sample Print Receipts

samp print

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This section contains samples of receipts you will see when you print transactions on the Point of Service (POS) device internal printer. For more information on the POS device internal printer, see the *Device Introduction* section of this user guide.

Overview

All receipt data in this section is fictitious and intended for sample purposes only. Actual receipt data will reflect actual data entered into the POS device.

The provider name, phone number and closing statements can be customized. Please see "Device Setup" in the *Device System Transactions* section of this guide.

Eligibility Inquiry Response

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH SERVICES MEDI-CAL POS NETWORK (916) 555-5555 MM/DD/CCYY HH:MM:SS TERMINAL: 000001111 SOFTWARE: ZZZZZ01 PROVIDER NUMBER: ABC123456 ELIGIBILITY INQUIRY RECIPIENT ID: 1234567890 DATE OF BIRTH: CCYY-MM-DD DATE OF ISSUE: YY-MM-DD DATE OF SERVICE: CCYY-MM-DD LAST NAME: DOE JOHN. MEDI-CAL RECIP HAS A \$00100 SOC. ELIGIBILITY REPORTED RETROACTIVELY. REMAINING SOC \$ 100.00 THANK YOU! CLOSING STATEMENT	Can be customized
	Can be customized

**Share of Cost Clearance
or Reversal With Response**

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH SERVICES MEDI-CAL POS NETWORK (916) 555-5555 MM/DD/CCYY HH:MM:SS TERMINAL: 000001111 SOFTWARE: ZZZZZ01 PROVIDER NUMBER: ABC123456 SHARE OF COST RECIPIENT ID: 1234567890 DATE OF BIRTH: CCYY-MM-DD DATE OF ISSUE: YY-MM-DD DATE OF SERVICE: CCYY-MM-DD PROCEDURE CODE: 90000 CASE NUMBER: LAST NAME: DOE JOHN. AMOUNT DEDUCTED: \$ 10.00. REMAINING SOC \$ 90.00. SOC CLEARANCE APPLIED. MEDI-CAL RECIP HAS A \$00100 SOC ELIGIBILITY REPORTED RETROACTIVELY THANK YOU! CLOSING STATEMENT	Can be customized
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**Medi-Service Reservation
or Reversal With Response**

Only certain providers can reserve and bill for Medi-Services. Please see the Medi-Cal provider manual for information about when to reserve Medi-Services.

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH SERVICES MEDI-CAL POS NETWORK (916) 555-5555 MM/DD/CCYY HH:MM:SS TERMINAL: 000001111 SOFTWARE: ZZZZZ01 PROVIDER NUMBER: ABC123456 MEDI SERVICES RECIPIENT ID: 1234567890 DATE OF BIRTH: CCYY-MM-DD DATE OF ISSUE: YY-MM-DD DATE OF SERVICE: CCYY-MM-DD PROCEDURE CODE: 99999 LAST NAME: DOE JOHN. MEDI SVC RESERVATION APPLIED. # OF MEDI SVCS REMAINING FOR MONTH OF SVC ENTERED: 0 THANK YOU!	Can be customized
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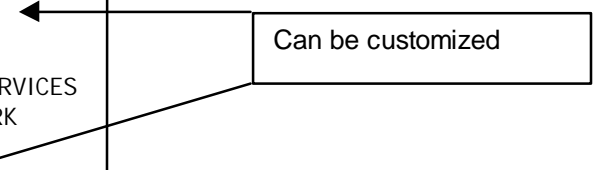
Standard Pharmacy Claim
With Response

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH SERVICES MEDI-CAL POS NETWORK (916) 555-5555		Can be customized
MM/DD/CCYY	HH:MM:SS	
TERMINAL: 000001111 SOFTWARE: ZZZZ01		
PROVIDER NUMBER: ABC123456		
PHARMACY CLAIM		
LINE 1 PAID		
	\$12.00	
RECIPIENT ID: 1234567890		
DATE OF BIRTH: CCYY-MM-DD		
DATE OF ISSUE: YY-MM-DD		
PLACE OF SERVICE: 0		
DATE OF SERVICE CCYY-MM-DD		
CLAIM LINE 1 PAID \$12.00		
PRESCRIPTION NUMBER: 8989898		
NDC/UPC: 89898989898		
QUANTITY: 30.000		
DAYS SUPPLY: 30		

Standard Pharmacy Claim
With Response *(continued)*

DUR CONFLICT CODE (INPUT):	
DUR INTERVENTION CODE (INPUT):	
DUR OUTCOME CODE (INPUT):	
THANK YOU! CLOSING STATEMENT	Can be customized

**Standard Pharmacy Claim
With DUR Alert**

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH SERVICES MEDI-CAL POS NETWORK (916) 555-5555 MM/DD/CCYY HH:MM:SS TERMINAL: 000001111 SOFTWARE: ZZZZZ01 PROVIDER NUMBER: ABC123456 PHARMACY CLAIM LINE 1 REJECT REJECT CODE: XX DENIAL CODE: XXX RECIPIENT ID: 1234567890 DATE OF ISSUE: YY-MM-DD PLACE OF SERVICE: 0 DATE OF SERVICE CCYY-MM-DD CLAIM LINE 1 REJECT PRESCRIPTION NUMBER: 1234567 (21)NDC/UPC: 12345678877 QUANTITY: 30.000 DAYS SUPPLY:	
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Standard Pharmacy Claim
With DUR Alert *(continued)*

PATIENT PAID AMOUNT

DUR CONFLICT CODE (INPUT):

DUR INTERVENTION CODE (INPUT):

DUR OUTCOME CODE (INPUT):

DUR INFORMATION:

DUR CONFLICT CODE: PA

SEVERITY INDEX CODE: 1

OTHER PHARMACY INDICATOR: 0

PREVIOUS FILL DATE 0000000000

DATABASE INDICATOR: 1

OTHER PRESCRIBER INDICATOR: 0

ADDITIONAL MESSAGE TEXT: AGE
WARNING

END OF DUR ALERT MESSAGE

REJECT CODE: 21

DENIAL CODE: 0034

THANK YOU!
CLOSING STATEMENT

Can be customized

Note: "Accepted" will be displayed when the user cancels a claim in response to a DUR alert.

**Standard Pharmacy Reversal
With Response**

DR. MARCUS WELBY CALIFORNIA DEPARTMENT OF HEALTH SERVICES MEDI-CAL POS NETWORK (916) 555-5555 MM/DD/CCYY HH:MM:SS TERMINAL: 000001111 SOFTWARE: ZZZZZ01 PROVIDER NUMBER: ABC123456 PHARMACY REVERSAL CLAIM REVERSED DATE OF SERVICE: 2002-10-31 PRESCRIPTION NUMBER: 0234567 THANK YOU! CLOSING STATEMENT	Can be customized
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